

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <u>Chad</u> <u>M.</u> NICKNAME LAST SUFFIX <u>Patton</u>	OFFICE USE ONLY Date Received RECEIVED APR - 4 2019 OFFICE OF CITY SECRETARY Date Hand-delivered or Date Postmarked <u>4/4/19 @ 4:24pm</u>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>733-7191</u>	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <u>Bill</u> NICKNAME LAST SUFFIX <u>Webb</u>	Date Processed	
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214)</u> <u>205-7495</u>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>556 N. Kimball</u> <u>Suite 120</u> <u>Southlake, TX 76092</u>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>2</u> / <u>15</u> / <u>2019</u> THROUGH <u>4</u> / <u>3</u> / <u>2019</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5</u> / <u>4</u> / <u>2019</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Place 3 southlake city council</u>	13 OFFICE SOUGHT (if known) <u>Place 3 southlake city council</u>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Chad Patton

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

13,250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

5,519.35

4. TOTAL POLITICAL EXPENDITURES

\$

5,519.35

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

7,730.65

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Chad Patton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad Patton, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Any Shelley

Printed name of officer administering oath

City Secretary

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/4

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/19

5 Full name of contributor

Payton Mayes

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1715 Terra Bella

Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

partner

9 Employer (See Instructions)

Cephas Partners

Date

1/31/19

Full name of contributor

Anthony Bruster

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

715 Aberdeen Way

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

partner

Employer (See Instructions)

Cephas Partners

Date

2/6/19

Full name of contributor

Carl Bunch

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10,000.00

Contributor address;

City; State; Zip Code

714 Longford Dr.

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Reliable Rebar

Date

2/5/19

Full name of contributor

Susan Michaelis

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

516 Cascade Springs

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/4

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/19

5 Full name of contributor

Bill Webb

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

556 N. Kimball, Suite 120
Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Legacy Foundation

Date

1/30/19

Full name of contributor

Derrick Hunt

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Benco Dental

Date

2/20/19

Full name of contributor

Frances Shauli

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

302 Timberlake Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/19

Full name of contributor

CARL & MARY LEE ALFORD

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

314

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

5 Full name of contributor

Brenda Forman

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

201 Sheffield

Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/19

Full name of contributor

Jonathan Young

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1115 La Paloma

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Hzi Construction

Date

4/1/19

Full name of contributor

Dudley Jordan

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

Southlake TX, 76092

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Jordan Law Firm, PLLC

Date

4/1/19

Full name of contributor

Richard Wheeler

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1399 Province Lane

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/4

2 FILER NAME

Chad Patton

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Donald Reukema

6 Contributor address;

City; State; Zip Code

908 Shadywood Southlake, TX 76092

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Chad Patton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/16/19</i>		5 Payee name <i>Head International Solutions</i>			
6 Amount (\$) <i>\$ 4,483.77</i>		7 Payee address; City; State; Zip Code <i>Arlington, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Chad Patton</i>		Office sought <i>place 3-southlake city council</i>	
Office held <i>- same</i>					
Date <i>2/21/19</i>		Payee name <i>Scratch Kitchen</i>			
Amount (\$) <i>\$585.58</i>		Payee address; City; State; Zip Code <i>Southlake, TX 76092</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <i>2/22/19</i>		Payee name <i>Jorjanne Severson Photography</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>Abbeiden Way, Southlake, TX 76092</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED